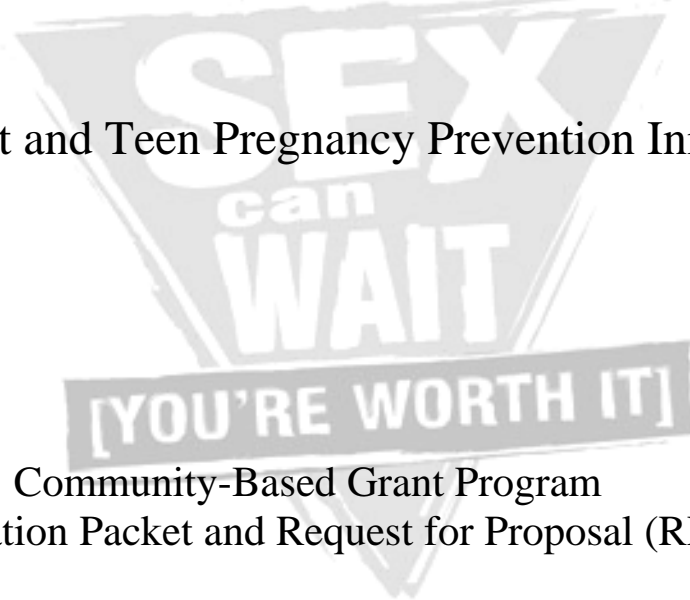


Indiana RESPECT

Indiana Reduces Early Sex and Pregnancy
by Educating Children and Teens

Adolescent and Teen Pregnancy Prevention Initiative



Community-Based Grant Program
Application Packet and Request for Proposal (RFP)

FEDERAL FUNDING
FY2009-2010

Administered by
Indiana State Department of Health
Maternal & Children's Special Health Care Services



Indiana State
Department of Health

Date: October 2008

To: County Health Officers
Faith-Based Organizations
Maternal & Child Health Project Directors
Minority Health Coalitions
Prospective Grant Applicants

From: Vanessa Daniels
Grants Coordinator
Maternal and Children's Special Health Care Services
Indiana State Department of Health

SUBJECT: Indiana RESPECT Grant Application and Request for Proposal-Federal Funding

Enclosed please find the Indiana RESPECT (Indiana Reduces Early Sex and Pregnancy by Educating Children and Teens) Application Packet and Request for Proposal (RFP) for community-based programs that stress sexual abstinence until marriage and delaying pregnancy and parenting during the adolescent and teen years.

This RFP is integrated with the mission of the Indiana State Department of Health to "support Indiana's economic prosperity and quality of life by promoting, protecting and providing for the health of Hoosiers in their communities."

Completed applications must be received by 4:00 PM E.S.T. on November 6, 2008. Applications postmarked on or later than November 6, 2008 will not be considered for funding. Applicants will be notified whether their application will be funded by December 15, 2008. Funding for projects will begin on January 1, 2009.

A technical assistance meeting will be held on October 16, 2008 in Rice Auditorium at the Indiana State Department of Health, 2 North Meridian Street, Indianapolis, IN 46204 from 1:30 pm until 3:30 pm. This meeting will be used as the forum for questions, communications and discussions regarding the RFP. Interested applicants are strongly encouraged to attend and should bring a copy of the RFP since it will be used as the agenda for the meeting. Please RSVP for this technical assistance meeting by contacting Betty Hudson, Administrative Assistant, either via email at bhudson@isdh.in.gov or by calling (317) 233-1387.

If you have any questions or need clarification regarding this *application*, please contact me at vdaniels@isdh.in.gov or by calling (317) 233-1241.

If you have any *programmatic* questions about Indiana RESPECT, please contact Stephanie Woodcox, MPH, CHES, Adolescent Health Coordinator at swoodcox@isdh.in.gov or by calling (317) 233-1374.

Purpose

The Maternal and Children's Special Health Care Services Division (MCSHC) of the Indiana State Department of Health announces the availability of federal funds to support the implementation of community-based programs that stress sexual abstinence until marriage and delaying pregnancy and parenting for adolescents and teens.

With this announcement, MCSHC is interested in partnering with youth-serving organizations, health agencies, coalitions, faith-based organizations, schools, etc. to implement programs which address locally determined priorities and needs related to sexual abstinence education and adolescent and teen pregnancy prevention. The target populations to be served include adolescents and teens in Indiana counties with the highest rates of teen pregnancy among the 10-19 year old population (county specific data can be found on the Indiana State Department of Health website at www.statehealth.in.gov); adolescents and teens ages 10-19, all races, both male and female; and adolescents and teens attending upper elementary, middle, and high schools.

Background

The funds for this RFP are made available to the State under the Section 510 State Abstinence Education Program of Title V of the Social Security Act which was established under Section 912 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193). The law provided for a mandatory annual appropriation of \$50 million to states to carry out abstinence education programs. The first round of abstinence education grants was awarded in November 1997. Allocation of federal funding is based on the state's proportion of low-income children to the total number of low-income children in the nation.

The purpose of federal abstinence education programs is to support decisions to abstain from sexual activity until marriage by providing abstinence education as defined by Section 510(b)(2) of the Title V Social Security Act with a focus on those groups that are most likely to bear children out-of-wedlock. The federal definition of abstinence education means an educational or motivational program which:

- (A) has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;
- (B) teaches abstinence from sexual activity outside marriage as the expected standard for all school age children;
- (C) teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;
- (D) teaches that a mutually faithful monogamous relationship in context of marriage is the expected standard of human sexual activity;
- (E) teaches that sexual activity outside of the context of marriage is likely to have harmful psychological and physical effects;
- (F) teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child's parents, and society;
- (G) teaches young people how to reject sexual advances and how alcohol and drug use increases

vulnerability to sexual advances; and
(H) teaches the importance of attaining self-sufficiency before engaging in sexual activity.

Instruction using these funds must encourage and support sexual abstinence and delaying pregnancy and parenting throughout the adolescent and teen years until marriage. These funds may not be used for the provision of medical services or medical supplies. Grantees may not teach or promote religion or provide religious instruction in programs that are funded with federal dollars.

In June 2004, the Section 510 State Abstinence Education Program was reassigned from the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) to the Department of Health and Human Services' (DHHS) Administration for Children and Families' (ACF) Family and Youth Services Bureau (FYSB). The mission of the FYSB is to provide national leadership on youth and family issues. The FYSB promotes positive outcomes for children, youth and families by supporting a wide range of comprehensive services and collaborations at the local, tribal, state and national levels.

For Federal Fiscal Year (FFY) 2008, Indiana was awarded an allocation of abstinence education funding in the amount of \$754,073 and anticipates receiving this same amount for FFY 2009-2013. The majority of these funds will be used to support community-based abstinence education programs.

****All funding determinations for Indiana RESPECT projects are made pending allocation of funding to the Indiana State Department of Health (ISDH). Programs may be reduced or eliminated if funds are reduced or are otherwise not available to ISDH. Federal funding for this project is contingent upon U.S. Congressional reauthorization of the program and/or further continuing funding resolutions. Currently, this federal program is authorized through June 30, 2009. Funding is typically authorized and approved on a quarterly basis.****

Problem

Every *day* in Indiana, approximately 31 girls between the ages of 10-19 become pregnant.¹
Every *hour* of every day, a teenager in Indiana contracts a sexually transmitted disease (STD).²

An increase in sexual activity among adolescents and young adults in Indiana and the United States has lead to an alarming number of children born out-of-wedlock. In the United States, 4 out of 10 teenage girls get pregnant at least once before they reach age 20. This results in more than 900,000 teen pregnancies a year³ and makes the United States the industrialized nation with the highest rate of teen pregnancy⁴. Although the teen birth rate in both Indiana and the United States has declined between 1991 and 2002 by 30 and 26 percent respectively, Hoosier adolescents, teens and young adults are still at great risk for bearing children out-of-wedlock.

According to the National Campaign to Prevent Teen and Unplanned Pregnancy, had the teen birth rate in Indiana not declined 26 percent between 1991 and 2002, there would have been nearly 19,000 additional children born to teen mothers during those years. In 2002, there would

have been nearly 5,800 more children in poverty and nearly 6,700 additional children living with a single mother.

Besides the risk of pregnancy and having a child out-of-wedlock, another health threat to adolescents and young adults is sexually transmitted diseases (STDs). According to the Centers for Disease Control and Prevention, substantial progress has been made in preventing, diagnosing, and treating certain STDs, but there are still an estimated 19 million new infections occurring each year. Sexually transmitted diseases disproportionately affect adolescents and young adults, with one quarter of STDs diagnosed among 15-19 year-olds and two-thirds of cases occurring among 15-24 year-olds⁵.

Engaging in sex outside of marriage is met with a tremendous number of consequences. Teenage pregnancies are more likely to result in infant death and other poor pregnancy outcomes such as low birth weight. Unintended pregnancy increases the likelihood of child and maternal illness. Social consequences can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse.⁶ The National Campaign to Prevent Teen and Unplanned Pregnancy states that children get a greater jumpstart in life if they are born to couples who are at *least* in their 20s, are in a stable marriage, and who have a high school diploma or higher education.

Promoting abstinence and providing abstinence education to adolescents and young adults is one way to effectively and positively address these problems. Abstinence can greatly enhance the lives of adolescents and teens by providing 100 percent protection from out-of-wedlock births, unwanted/unplanned pregnancies, and protection against STDs. Furthermore, abstaining from sex allows adolescents and young adults to pursue higher education and career goals; strengthen or build relationships in other ways; reduce the financial burden on the economy due to out-of-wedlock pregnancies and treatment of STDs; and decrease the dependency on welfare funds.

Eligibility Requirements

All public or private not-for-profit organizations and agencies are eligible to apply. School buildings will be considered as individual applicants. Grants will be awarded to applicants who demonstrate the capability and commitment of providing abstinence education programs to adolescents and teens and meet the statutory requirements. Partnerships among applicants from the same geographic area are *strongly* encouraged.

Note: Those organizations that are Community Based Abstinence Education (CBAE) programs which are already currently funded by the Administration for Children and Families *and* any organizations receiving funds from a CBAE will not be eligible to receive funding from Indiana RESPECT.

Applicants must be familiar with the enclosed documents (see Appendix A) in their entirety to ensure compliance with all applicable requirements:

- P.L. 104-193: Section 510 Sexual Abstinence Education Definition

- P.L. 104-193, Section 104: Services Provided by Charitable, Religious, or Private Organizations
- Article 1, Sections 4 and 6 of the Indiana Constitution
- I.C. 20-8.1-7-21: AIDS Information; Contents; Consent to Distribution
- I.C. 20-10.1-4-10: AIDS Instruction
- I.C. 20-10.1-4-11: Sex Education to Emphasize Abstinence and Monogamy
- I.C. 20-10.1-4-15: Student Surveys

Selection Criteria

Grants will be awarded for the implementation of community-based abstinence education programs which serve adolescents, teens and parents. Priority will be given to programs that 1) serve members of the State's focal populations (see below); 2) serve counties which demonstrate the greatest need for abstinence education programs; and 3) work to address the outcome measures (see below) of Indiana RESPECT. The Indiana State Department of Health is committed to serving the broadest geographical range of applicants throughout the state possible. Efforts will be made to award grants in all geographic areas of the State, as well as areas that demonstrate the greatest need.

Focal Populations:

- Indiana counties with the highest rates of teen pregnancy among the 10-19 year old population (county-specific data can be found on the Indiana State Department of Health website at www.statehealth.in.gov)
- Adolescents and teens ages 10-19, all races, all ethnicities, both male and female
- Adolescents and teens attending upper elementary, middle, and high schools

Indiana RESPECT Outcome Measures:

- Reduce the pregnancy rate among the 15-17 year old population.
- Reduce the birth rate among the 15-17 year old population.
- Reduce the incidence of sexually transmitted infections among adolescents and teens.

Those served by Indiana RESPECT projects will:

- Increase their knowledge regarding the consequences of teen pregnancy and out-of-wedlock pregnancy.
- Identify at least two ways to prevent contracting HIV and other STDs that can be transmitted by engaging in sexual activity out-of-wedlock.

Funding Periods and Funding Amount

Grant awards for community-based programs will be for a total of twenty-one (21) months consisting of two (2) budget periods. The budget periods are:

First Budget Period:	January 1, 2009 through September 30, 2009
Second Budget Period:	October 1, 2009 through September 30, 2010

Applicants may request **up to \$22,500** for the first budget period and **up to \$30,000** for the second budget period. Funds from the first budget period will *NOT* be allowed to carry over into the second budget period.

Applicants are required to provide matching funds (cash and/or in-kind). Grantees must provide a seventy-five percent (75%) match for each budget period. For example, if requesting the maximum of \$22,500 for the first budget period, the applicant agency is required to provide \$16,875 in matching funds for the first budget period. Appendix B provides a glossary of terms, including definitions of matching funds.

****All funding determinations for Indiana RESPECT projects are made pending allocation of funding to the Indiana State Department of Health (ISDH). Programs may be reduced or eliminated if funds are reduced or are otherwise not available to ISDH. Federal funding for this project is contingent upon U.S. Congressional reauthorization of the program and/or further continuing funding resolutions. Currently, this federal program is authorized through June 30, 2009. Funding is typically authorized and approved on a quarterly basis. ****

How to Apply

The Request for Proposal (RFP) for Indiana RESPECT begins on page 8.

Inquiries

If you have any questions or need clarification regarding this *application*, please contact Vanessa Daniels, Grants Coordinator for MCSHC at vdaniels@isdh.in.gov or by calling (317) 233-1241.

If you have any *programmatic* questions about Indiana RESPECT, please contact Stephanie Woodcox, MPH, CHES, Adolescent Health Coordinator at swoodcox@isdh.in.gov or by calling (317) 233-1374.

Time Table

Applications available:	October 1, 2008
Technical Assistance Meeting:	October 16, 2008
Applications received by ISDH/MCSHC:	By 4:00 PM E.S.T. on November 6, 2008 (Applications postmarked on or later than November 6, 2008 will not be considered for funding.)
Grant recipients notified by:	December 15, 2008
Grant start date:	January 1, 2009

References

¹Indiana State Department of Health. (2005). Natality Report. <http://www.in.gov/isdh/19095.htm>

²Indiana State Department of Health. (2006). Semi-Annual Sexually Transmitted Disease (STD) Morbidity Report. <http://www.in.gov/isdh/19092.htm>

³National Campaign to Prevent Teen Pregnancy. (2004). Fact sheet: How is the 34% statistic calculated? Washington, DC: Author.

⁴Henshaw, S.K. (2004). *U.S. Teenage Pregnancy Statistics with Comparative Statistics for Women Aged 20-24*. New York: The Alan Guttmacher Institute.

⁵Indiana State Department of Health. (2004). Epidemiology Resource Center.

⁶Indiana State Department of Health. (2008). Unintended/Teen Pregnancy Fact Sheet.

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Indiana RESPECT Request for Proposal (RFP)-Federal Funding

Format

- This application must be double-spaced, be printed on one side only, be on 8^{1/2}" x 11" paper with a 1 inch margin on all sides, and use 12-point Times New Roman font.
- All pages and forms must be numbered sequentially on the bottom right hand corner of the page, even if that requires you to print the numbers on each page.
- Please identify and begin each section on a new page.
- The submitted application (and accompanying copies) must be unbound.
- **DO NOT** include photographs, oversized documents, video or audiotapes, or materials that cannot be photocopied.
- An appendix of supporting documentation may be included, however, is not required. Sections of the application will not be able to continue in the appendix should you have met the page limitation.

The application submitted for review and consideration for funding should be collated in the following order:

- Form 1: Applicant Agency Information
- Table of Contents
- Narrative
- Approved Curricula
- Form 2: Curriculum and Medical Accuracy
- Work Plan (Forms 3A and 3B)
- Sustainability
- Form 4: Key Personnel
- Form 5: Applicant Agency Revenue
- Budgets and Budget Narratives (Forms 6A, 6B, 7A, and 7B)
- Endorsements
- Appendix (optional)

Submission

All applications must be received by 4:00 PM E.S.T. on November 6, 2008. An application postmarked on or later than November 6, 2008 will not be considered for funding.

Submit **one original** and **three copies** of the application to:

Randy Gardner
Assistant Grants Coordinator
Maternal and Children's Special Health Care Services
Indiana State Department of Health
2 North Meridian Street, Section 8C
Indianapolis, IN 46204

Unacceptable Applications

An application will be deemed unacceptable and not considered for funding if it is 1) received after the submission deadline of 11/6/2008, 2) incomplete, 3) illegible, 4) not prepared according to the format or instructions, 5) insufficient to permit an adequate review, or 6) is not signed.

The remainder of this page has been left blank intentionally.

Form 1: Applicant Agency Information

Form 1, *Applicant Agency Information*, should be completed for each application submitted. Please do not substitute another format. Any other format will not be scored.

Table of Contents

The table of contents should reflect the following with corresponding page numbers.

- Narrative
- Approved Curricula
- Form 2: Curriculum and Medical Accuracy
- Work Plan (Forms 3A and 3B)
- Sustainability
- Form 4: Key Personnel
- Form 5: Applicant Agency Revenue
- Budgets and Budget Narratives (Forms 6A, 6B, 7A, and 7B)
- Endorsements
- Appendix (optional)

Narrative (May not exceed four (4) pages)

(This section should begin your page numbering. “Narrative” is page 1 of your application.) This narrative serves two purposes: to provide information about the applicant agency and to demonstrate the need for an Indiana RESPECT project to be funded in your community/county.

The narrative about the applicant agency should include the following information:

- a brief history of the agency;
- the mission statement and/or goals of the agency;
- a description of how the agency serves adolescents and teens; and
- an explanation of how the receipt of Indiana RESPECT funds will overlap with or compliment the mission and/or goals of the agency.

The narrative, to demonstrate the need for an Indiana RESPECT project in your community/county, should include the following information:

- a description of the problems (social, financial, vocational, etc.) related to adolescent and teen pregnancy facing your community/county;
- data that is specific to your community/county (do NOT include statewide data) that relates to teen pregnancy;
- an explanation of how an Indiana RESPECT project will positively impact the problems facing your community/county related to adolescent and teen pregnancy; and
- an overview of other programs in your community/county that are working to address teen pregnancy (and its related issues) and the relationship your agency has with such programs.

At the end of this section, include citations for the data which were used to prepare this section. They may either be listed on a separate page or immediately following the narrative. Bibliographic information is part of your page limitation.

Approved Curricula (May not exceed two (2) pages)

In order to ensure compliance with the federal definition of abstinence education (see Appendix C), allow for greater monitoring of grantees' projects, and tracking program-related outcomes, the State has limited the number and type of curricula that can be implemented. Applicants will choose between two curricula approved by the State for implementation. Brief descriptions of these two curricula are below.

Sex Can Wait: An Abstinence Education Curriculum is a five-week abstinence education program designed to teach the social, psychological, and health gains to be realized by abstaining from sexual activity. *Sex Can Wait* has specific curriculum for upper elementary (twenty three 50-minute lessons), middle school (twenty four 50-minute lessons) and high school (twenty three 50-minute lessons) students. The lessons and activities in the curriculum are designed to teach skills that can help adolescents and teens to act in their own best interests in all areas of their lives.

Making A Difference! An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention is a curriculum composed of eight one-hour modules that provides adolescents with the knowledge, confidence and skills necessary to reduce their risk of sexually transmitted diseases (STDs), HIV, and pregnancy by abstaining from sex. The learning activities, videos, and scenarios used specifically focus on an abstinence message, which is clear and direct. The goal of *Making A Difference!* is to empower adolescents to engage in behaviors that will reduce their risk of becoming pregnant and/or infected with HIV and other STDs.

A copy of each curriculum will be made available for review at the technical assistance meeting. These copies are not available for applicants to take. A detailed training on the curriculum chosen by your agency to implement will be required of all grantees. This training will help to ensure understanding and proficiency in teaching all aspects of the curriculum in accordance with State and Federal requirements. Information on such training will be made available upon notification of funding. Applicants must allocate funds in their budget to send at minimum the project director and all staff who will implement the curriculum to this training. Additionally, applicants will need to budget for the cost of purchasing their chosen curriculum into their budget for the first budget period only. More information on the cost to purchase curricula is included in the section "Budgets and Budget Narratives".

This section of the application should address, in detail, why (rationale) the applicant chose either *Sex Can Wait* or *Making A Difference!* for implementation. Consider discussing factors that influenced your decision, such as (but not limited to) staffing, length of curriculum, and access to the adolescent and teen populations. Describe how the chosen curriculum meets the needs and assets of the adolescents and teens in the community and how the curriculum is consistent with community values. A description of the target audience to be reached by your

project should be included in this section. Be sure to keep in mind the focal populations of the State which were outlined on page 5.

Medical Accuracy

The State has carefully reviewed the content of the two curricula that will be implemented with these program funds and found the information provided to be medically accurate. Should a grantee want to use supplemental educational materials, the grantee must provide the State with a copy of such materials and wait for approval from the State before the materials are used during the implementation of any lesson or activity. Should a grantee want to develop new educational materials using program funds, the grantee must seek the approval of the State prior to printing. If the material proves to be medically accurate and approval is given to the grantee by the State, the grantee must then provide a final copy of the printed material for the State to keep on file.

Form 2: Curriculum and Medical Accuracy

Form 2, *Curriculum and Medical Accuracy*, should be completed for each application submitted. Please do not substitute another format. Any other format will not be scored.

Work Plan

Form 3A: *Work Plan (First Budget Period)* and **Form 3B: *Work Plan (Second Budget Period)*** should be completed for this section. Please do not substitute another format for the forms in this section. Any other format will not be scored.

****The first six months of the first budget period must be reserved for activities strictly related to planning, training of staff, forming partnerships with other community organizations (i.e. schools, youth-serving organizations, etc.), and identifying and securing audiences for the implementation of your chosen curriculum. The remaining three months of the first budget period and all months of the second budget period may reflect activities beyond those listed above and should include the actual implementation of your proposed project.****

As you complete Form 3A and Form 3B, make sure that your work plans:

- Are presented in a logical, step-by-step manner;
- Include tasks/activities that are achievable with available project resources;
- Identify responsible staff to complete the outlined tasks/activities;
- Are achievable in the funding period;
- Assist in the achievement of Indiana RESPECT outcome measures (found on page 5); and
- Reflect all other required activities outlined in this RFP by Indiana RESPECT.

Sustainability (May not exceed three (3) pages)

Implementing a program is important. Ensuring the continuation of a program is even more important. To achieve the latter, a plan of sustainability is needed. This section should include *specific* plans for action toward the sustainability of the proposed Indiana RESPECT project. Be sure that you go back to the previous section, “Work Plan” and build in these plans for sustainability.

To assist you in developing such a plan, consider some of the following: utilizing and maximizing existing project resources; starting small and building on successes; tracking data and collecting individual stories to strengthen project support; advocating to create community awareness about your project; networking with those who may benefit from what you do and vice versa; building strong relationships with key stakeholders in the community/county; involving families and community members at every step; and looking for resources and funding opportunities continuously.

Evaluation and Reporting Requirements

Funded projects will be required to participate in program evaluation, including the use of a pre-post test provided to grantees by the State. It will be the responsibility of the grantee to administer **both** the pre-and posttests to *all* program participants. After administration of these tests, the grantee will collect the data, analyze it and submit an aggregate data report to the State. The State will provide grantees with the information to be required in this report.

Additionally, the completion and submission of five (5) reporting forms will be required. Samples of these forms can be found in Appendix D. These forms include: Unduplicated Count of Clients Served (Form A), Hours of Service Received by Clients (Form B), Program Completion Data (Form C), and Communities Served (Form D), and A-H Compliance (Form E). Grantees are responsible for establishing a way to record data to be included in Forms A-D so that the information collected into these forms is accurate as opposed to an estimate.

Project staff will receive instruction on how to complete Forms A-E at a technical assistance meeting. It will then be the responsibility of the grantees to complete each of these forms for their project and report back to the State every six months for the duration of the grant award. At that time, grantees also will provide a report on the status of the completion of tasks and activities as outlined in their work plan.

Form 4: Key Personnel

Form 4, *Key Personnel*, will capture information regarding the relevant education, training, and work experience of key project staff including the program director, coordinator, and anyone who has a direct link to the implementation of the project. Form 4 should be completed for *each* staff person who meets these requirements. This form may be duplicated as necessary. Please do not substitute another format. Any other format will not be scored.

Form 5: Applicant Agency Revenue

Form 5: *Applicant Agency Revenue*, must be completed for each application submitted. Please do not substitute another format. Any other format will not be scored.

Budgets and Budget Narratives

The budget is an estimate of what the project will cost to implement. The Indiana State Department of Health, Maternal and Children's Special Health Care Services Division supports reasonable and necessary costs for grants within the scope of the approved projects.

Allowable costs may include planning and evaluation; salaries; training; educational materials; educational equipment (infant simulators, videos, displays, models); media activities; in-state

travel (\$0.44 cents/mile); incentives; and consultant fees. Non-allowable costs include food, out-of-state travel, and general equipment and computer equipment (hardware and software) for the maintenance of the applicant agency. Non-allowable items may not be purchased with either grant funds or matching funds.

For this section, **Form 6A: Budget (First Budget Period)** and **Form 7A: Budget (Second Budget Period)** must be completed. In the column *Matching Funds*, indicate the total contribution (cash and/or in-kind) the applicant agency will expend for the proposed project. This contribution can include costs associated with salaries, educational materials, educational equipment (videos, displays, and models), media activities, in-state travel, incentives, consultant fees, or any expenses directly related to the proposed project. **Applicants are required to provide a minimum matching amount of 75% for each budget period.** For example, if requesting the maximum of \$22,500 for the first budget period, the applicant agency is required to provide \$16,875 in matching funds for the first budget period. Appendix B provides a glossary of terms, including definitions of matching funds.

Upon completion of Forms 6A and 7A, a budget narrative must be completed for each budget period. Using **Form 6B: Budget Narrative (First Budget Period)** and **Form 7B: Budget Narrative (Second Budget Period)**, include a justification for each line item (lines 1-7) on Form 6A and Form 7A, respectively. Each narrative statement should describe the specific line item, how the specific item relates to the project, and how the amount shown in the budget was derived. Cash and/or in-kind contributions (matching funds) should be identified as well.

Please do not substitute a different format for any of the forms in this section. Any other format will not be scored.

As stated in the “Approved Curricula” section, applicants must include in their budget funds to send, at minimum, the project director and all staff who will implement the curriculum to attend training on their chosen curriculum. Training will average two (2) days in length and will be held in the Indianapolis area. Please take into account all travel expenses as a result of attendance at this training and reflect this amount in your budget for the **first budget period only**.

Additionally, as stated in the “Approved Curricula” section, applicants must include the cost to purchase the curriculum in their budget. If using *Sex Can Wait*, please allocate \$350.00 per module (upper elementary, middle and high school) that will be implemented to your budget for the **first budget period only** to purchase the curriculum. If you chose *Making A Difference!*, please allocate \$350.00 to your budget for the **first budget period only** to purchase the curriculum.

Endorsements

Provide a minimum of three (3) (and no more than five) current letters of collaboration describing a partnership that will occur between the applicant agency and other community organizations (e.g. schools, hospitals, youth serving organizations, etc.) to implement the proposed project.

Appendix (optional)

If there are supporting documents you would like to include with this application, they may be inserted into the appendix. An appendix is not required.

A copy of the scoring tool to be used to evaluate the applications can be found in Appendix E.

-End of Application-